


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000088833</b>		
1. Entity Name INMOBILIAREAS CORP.		
Principal Place of Business 9450 NW 58ST # 107 MIAMI, FL 33178	Mailing Address 9450 NW 58ST # 107 MIAMI, FL 33178	



06122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1138565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  VILLASMIL, DOMINGO A 9450 NW 58 ST # 107 MIAMI, FL 33178
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

000000567343  
06/19/06-80005-012 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s: 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILLASMIL, DOMINGO A 9450 NW 58TH STREET #107 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RAMIREZ, DAIANA 9450 NW 58TH STREET #107 MIAMI, FL 33178
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Domingo Villasmil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-08-06 / 786-286-4806  
Date Daytime Phone #